

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
 W/E 29/9/96  
 Sunday

30882

- White - Head Office copy
- Pink - Nurse's copy
- Yellow - Client's copy

For H.O. use only

**CLIENT** PORTSMOUTH HEALTHCARE TRUST  
 Address BURY ROAD  
GOSPORT  
**HOSPITAL** WAR MEMORIAL  
 Ward Name SAEDALUS  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number HW/305  
 Name JANE WATKINS  
 grade **PAYABLE** D  
**Please ensure:**  
 1) Separate timesheet for each client per week  
 2) the client signs below and retains yellow copy

**IF SOCIAL SERVICE DUTY** TICK REF

EACH LINE to end of night duty	FROM HRS 00.00	TO HOURS 00.00	Time Taken for meals	HOURS ACTUALLY WORKED						TRAVEL Daily Mileage	EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC.
				DAY			NIGHT				
				W/D	W/E	P/H	W/D	W/E	P/H		
MON											
TUES											
WED											
<u>26/9</u> THURS	<u>2015</u>	<u>0745</u>	<u>1 1/2</u>				<u>10</u>				
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 10 hours have been satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.

Signature Code A Date 27/9/96 Position SSIN  
 (Client please retain yellow copy)



**We pay our members weekly.**  
 Please be prompt with your settlement of the account  
 I.C.N.S.  
 90 High Street  
 Burnham  
 Bucks SL1 7TD  
 Tel: Burnham (01628) 665271

Please tick if you require:  
 Timesheets   
 Address labels